

Access to RCH services during the COVID-19 crisis: Insights from Bihar and Uttar Pradesh

As the novel coronavirus picked up pace, the Indian government called for a 21-day nationwide lockdown on March 25, 2020, which was extended till May 3. As of April 23, 21,700 cases were reported in India, a share of less than 1% of global cases. Like in any humanitarian crisis, the COVID-19 pandemic is expected to affect public access to public health services, particularly reproductive and child health (RCH) services.

Globally, a 10% decline in use of short- and long-acting reversible contraceptives would mean an additional:

- 49 million women with unmet need
- 15 million unintended pregnancies

<https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health>

Globally, a 10% decline in service coverage of essential pregnancy-related and newborn care would mean an additional:

- 28,000 maternal deaths
- 168,000 newborn deaths

<https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health>

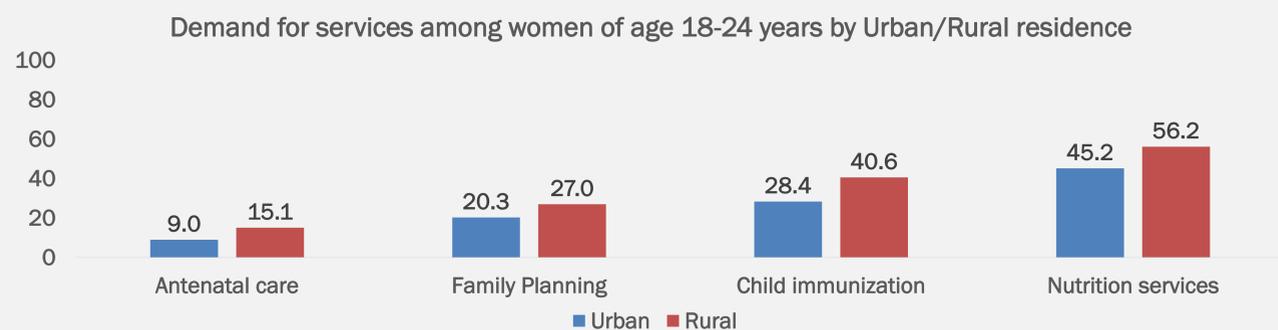
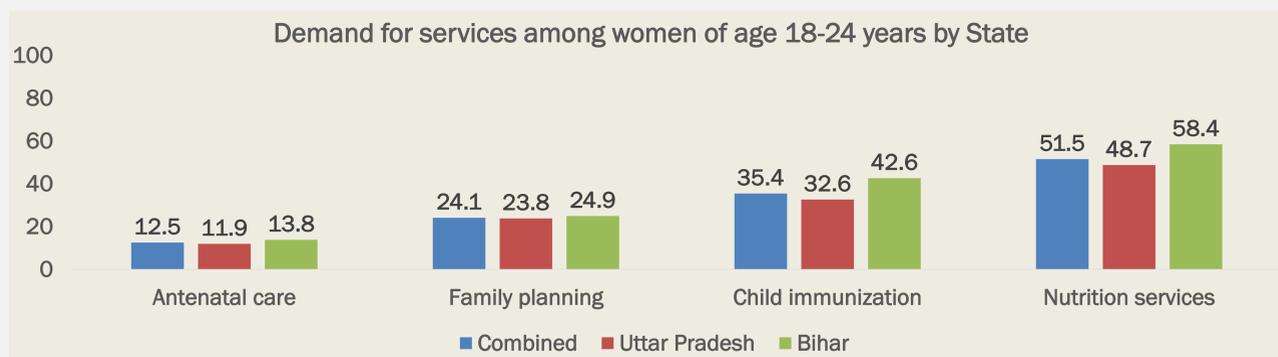
9.5 million

vulnerable women and girls in 37 countries including India, risk losing access to contraception and safe abortion services in 2020 due to the COVID-19 pandemic

<https://www.maristopes.org/covid-19>

Demand for RCH and nutrition services

An ongoing COVID-19 knowledge, attitudes and practices study implemented by the Population Council Institute in Bihar and Uttar Pradesh sought to assess the access to RCH services by female participants (see Box 1).¹ In particular, participants were asked: Under lockdown, are you getting any of the following reproductive and child health services - antenatal care, family planning, child immunization and nutritional services?

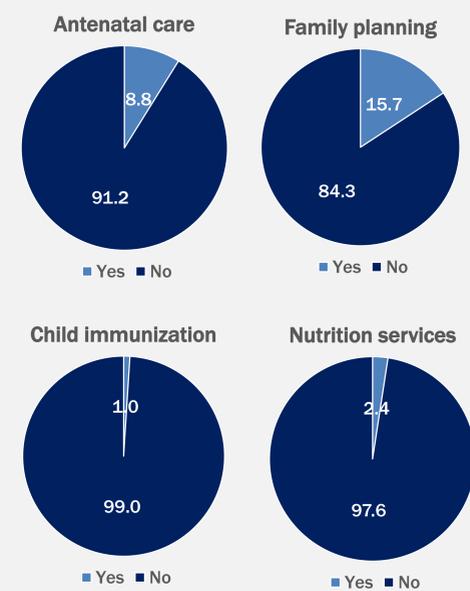


- Demand for nutrition services is highest, followed by child immunization and family planning services
 - 52% young women wanted nutrition services
 - 35% young women wanted child immunization services
 - 24% young women wanted family planning services
- Demand for such services is much higher in rural areas than in urban areas
- Among those wanted services, almost a negligible proportion received them

Box 1: Profile of female study participants (N=1374)

Age	Percentage
18-24 years	89%
25 years and above	11%
Education	Percentage
None	12%
1-7	10%
8-9	16%
10 and above	62%
Place of residence	Percentage
Urban	43%
Rural	57%
State	Count
Uttar Pradesh	989
Bihar	385

Among young women (18-24 years) who wanted different services (during the lockdown, only a few (1-16%) received them



Reasons for lack of access and consequences of non-receipt of services are important to know to plan the future course of action.

The World Health Organization says:
“Must prioritize essential Reproductive, Maternal, Neonatal, Child and Adolescent Health services for continuation during the pandemic as these serve women, children and adolescents, who are especially vulnerable during emergency situations and it is imperative to meet their rights”

Plans must be in place to identify demand for different RCH services and how they may be reorganized and delivered through innovative mechanisms while keeping in mind all physical (e.g. due to lockdown), financial (e.g. due to income or job loss) and social (e.g. due to high risk perception) barriers to accessing services due to pandemic

The Aarogya Setu App, world's most downloaded mobile application, may be utilized to provide information on reorganization of services at the nearest facility /neighbourhood with current information of availability, timings, upcoming VHNDs, immunization drive etc.

Survey Methodology: Details can be accessed at: <https://dataverse.harvard.edu/dataset.xhtml?persistentId=doi:10.7910/DVN/8ZVOKW>

¹ The study builds on the UDAYA longitudinal study of adolescents; to know more about UDAYA longitudinal surveys, please visit: <https://www.projectudaya.in/>

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Note: This brief presents findings from the first round of the COVID-19 KAP study (N=2041, female sample = 1374), and results from follow-up rounds will be shared in due course.